Appendix 2. Secure IBIS-PH Access Request: Public Health Professionals

Secure IBIS-PH Access Request: Public Health Professionals

Name:_____   Position Title:_____

Organization:_____   Department:_____

Date Access is Needed:_____   Duration Access is Needed:_____

Phone Number: (____)_____   Fax Number: (____)_____

E-Mail Address:_____   Employee I.D. Number:_____

Mailing Address (work):Street_____

City_____   State_____ Zip Code_____

Please indicate which **data topic(s)**, <u>within your scope of work</u>, you will need to access on the secure portal. **If you need to access data topics at different geographic areas (e.g., if your work-related activities required you to access mortality data at a state level, but to access birth defect data only for certain local health districts), please attach a detailed explanation of the specific geographic areas needed for each data topic requested.**

Cancer Registry	☐	**Blood Lead Levels**	☐
Mortality	☐	**Inpatient Hospital Discharges**	☐
Births	☐	**Emergency Department Visits**	☐
Birth Defects	☐	**Air Monitoring Data**	☐
		Drinking Water Sample Data	☐

Please indicate which **geographic area(s)**, <u>within your scope of work,</u> that you will need to access on the secure portal:

State of Utah (all Local Health Districts)   ☐
Specific Local Health District(s):

Bear River	☐	**Summit County**	☐
Central Utah	☐	**Tooele County**	☐
Davis County	☐	**TriCounty**	☐
Salt Lake County	☐	**Utah County**	☐
Southeastern Utah	☐	**Wasatch County**	☐
Southwestern Utah	☐	**Weber County**	☐

Please attach (on a separate sheet) a short explanation of why you need access to Secure IBIS-PH. This explanation should include, but is not limited to:

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    (1) the specific details of which geographic areas you need to access for each data topic;
    (2) your intended use(s) of the specific secure portal dataset(s) in the specific geographic areas (checked above), including any protocols or work plans;
    (3) how the secure portal will help you fulfill your responsibilities or duties;
    (4) what tasks or activities the secure portal will help you and/or your organization/department accomplish;
    (5) reasons why publicly available data does not meet your needs;
    (6) intended use(s) of your analyses; and
    (7) procedures for data security.

Program Members

Please list all public health professionals that will have access to any form of the Secure-IBIS data and their role in the use of the data. (Attach additional sheets if necessary.)

All individuals who need to directly log into the Secure IBIS-PH site must complete a separate application. There may be other program personnel, however, with whom you need to discuss the data or who may have an administrative function. Although these program members are <u>not</u> required to submit a Secure IBIS-PH Access Request, they <u>must</u> complete and sign a separate Secure IBIS-PH Access Agreement Form (Appendix 3).

Program Member (Name)   Position Title   Role in access to Secure-IBIS-PH data

_____

_____

_____

_____

_____

_____

_____   _____

Signature   Date

_____   _____

Supervisor's Signature   Date

Appendix 2. Secure IBIS-PH Access Request: Public Health Professionals

(This section to be completed by the Data Owner(s) and Utah Tracking Program)

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Data Owner Signature and Comments

_____   _____

Query Module   Signature

Access Approved   ☐   Access Denied ☐   Need Additional Information ☐

Comments:

</div>

(Each data owner will be provided a separate copy to sign and provide comments.)

<div style="border:1px solid black">

Data Owner Signature and Comments

_____   _____

Query Module   Signature

Access Approved   ☐   Access Denied ☐   Need Additional Information ☐

Comments:

</div>

Appendix 2. Secure IBIS-PH Access Request: Public Health Professionals

Data Owner Signature and Comments

_____   _____

Query Module   Signature

Access Approved   □   Access Denied □   Need Additional Information □

Comments:

Your application has been reviewed and approved.

_____   _____

Utah Tracking Program Manager   Date approved